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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-039308
STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 350

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 209 Montana — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cole
c. CITY OR TOWN: Jefferson City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 0269 209 Montana — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First / Middle / Last: Mason T. Bryant

4. DATE OF DEATH Month Day Year: December 6, 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☒ 3

8. DATE OF BIRTH: April 12, 1894

9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 7, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing

11. BIRTHPLACE (City and state or country): California, Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Bryant

13b. MOTHER'S MAIDEN NAME: Mary Boyse

14. NAME OF HUSBAND OR WIFE: Emma Wunderlick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: 495-12-2839

17. INFORMANT: Mrs. Margaret Miller — Address: Kansas City, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Man found dead in bed. Had been treated for heart condition. Investigation revealed no foul play.

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: Approx 12 noon 12/6/58

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Home

20f. CITY, TOWN, OR LOCATION: Jefferson City — COUNTY: Cole — STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Clifford Kalb, Coroner Cole County 3

22b. ADDRESS: 630 Adams St. Jefferson City, Mo.

22c. DATE SIGNED: 12/8/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Dec. 9, 1958

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery

23d. LOCATION (City, town, or county) (State): Jefferson City, Mo.

24. FUNERAL DIRECTOR: Victor Buesche — **ADDRESS**: JC Mo

25. DATE RECD. BY LOCAL REG.: 8 December 1958

26. REGISTRAR'S SIGNATURE: R. P. Harris, MD-MR

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

DEC 18 1958

DEC 15 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 370

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.